

EXAMPLE 5 SUMMARY

**NORTH CAROLINA MEDICAID
REMITTANCE AND STATUS REPORT**

DEB CORPORATION

ACCOUNTS RECEIVABLE DEPT

P O BOX 1111

ANYWHERE

NC 22222

PROVIDER NUMBER 898887X		REPORT SEQ. NUMBER 17		DATE 12/13/1999		PAGE 3						
NAME	SERVICE DATES		DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
RECIPIENT ID	FROM	TO										
	MM	DD	CCYY	MM	DD	CCYY						
CLAIMS PAYMENT SUMMARY EFT 111146												
	CLAIMS PAID	A PAID CLAIMS AMOUNT	B WITHHELD AMOUNT(*)	C NET PAY AMOUNT (A-B)	D CREDIT AMOUNT	E NET 1099 AMOUNT (C-D)	F IRS WITHHELD AMOUNT	G POS & EDI	H OTHER W/H	I ADJUSTED (NET PAY (C-F-G-H)		
CURRENT PROCESSED	0	.00	.00	.00	.00	.00	.00	.00	.00	.00		
YEAR-TO-DATE TOTAL	20	1152.00	250.00	902.00	150.00	752.00	.00	.00	.00	752.00		
1099 INFORMATION 1099 - THIS INFORMATION IF BEING FURNISHED TO THE INTERNAL REVENUE SERVICE												
PROVIDER TAX ID: 62-2222222 PROVIDER TAX NAME: DEB CORPORATION												
PAYER ID: ELECTRONIC DATA SYSTEMS CORPORATION, PO BOX 30968 RALEIGH, NC 27622 #75-2548211												
PLEASE VERIFY THE FOLLOWING IDENTIFICATION NUMBERS THAT HAVE BEEN ASSIGNED TO YOU. IF ANY OF THE NUMBERS ARE INCORRECT, PLEASE SEND CORRECTIONS TO:												
EDS PO BOX 300009 RALEIGH, NORTH CAROLINA 27622												
CLIA - NONE ASSIGNED UPIN - NONE ASSIGNED												
THE FOLLOWING IS A DESCRIPTION OF THE EXPLANATION CODES UTILIZED THROUGHOUT THE REPORT												
2249 ADJUSTMENT WRITE-OFF DUE TO TRANSFER OF OUTSTANDING BALANCE. NO EFFECT ON CLAIMS PAYMENT SUMMARY ITEMS (COLUMNS A-I)												

* SPECIAL NOTE: IF YOUR REMITTANCE ADVICE IS TEN PAGES OR MORE AND YOU ARE DUE A PAPER CHECK FOR CLAIMS REIMBURSEMENT, YOUR												
* CHECK WILL BE MAILED IN A SEPARATE ENVELOPE.												

NOTE: Underlined items are fields that were expanded in order to become Y2K compliant